

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/528978  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		①		1		
6		2		1		
7	1		1			
8	1		1			
9		1		1		
10		3		1		
11		3		1		
12		②		1		
13		②		1		
14		①		1		
15	1		1			
16	1		1			
17	1		1			
18				1		
19				1		
20				1		
21				1		
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49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	28	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						